

STATE EMERGENCY RESPONSE COMMISSION

APPLICATION FOR FUNDING OF HAZMAT TRAINING

SECTION A:

1. Organization name: _____
(Name of Agency or Organization to receive training)
2. Mailing Address: _____
City: _____ State: _____ Zip: _____
3. Contact name: _____ Daytime Phone#: () _____
4. Type of program (place a check mark or an X next to the type of program that you are seeking funding for):
____ Operations ____ Technician ____ Technician Bridge Course
____ Operations Refresher ____ Technician Refresher ____ Other Please Specify _____
5. Program duration (in hours): _____ Training Provider _____
6. Program Audience (who will be attending the course, check all that apply): Number of Students _____
Which agencies? _____
____ Firefighters ____ Police ____ EMS Providers ____ Hospital Personnel
____ LEPC members ____ Public Officials ____ Industrial Responders ____ Others (please list by occupation)
7. Date(s): _____ Location _____
Please note that if the class has not started within 90 days of the scheduled start time as shown on the application any approval becomes null and void and a new training application will need to be submitted.
8. Cost: _____ Students @ \$ _____ per Student Total _____
SERC reimburses for authorized training up to the following amounts:
Operations: \$225.00 per student Technician Level II: \$1,195.00 per student
Operations Refresher: \$105.00 per student Technician Refresher: \$150.00 per student
Technician Level I: \$795.00 per student Technician Bridge Course: \$300.00 per student
9. Is this course, vendor, instructor, and program cost on the SERC pre-approved list?
____ **Yes** Submit application (Section A completed) to LEPC for review/approval. Upon approval by the LEPC Chairman or designee, the application will be forwarded to MEMA for review of fund availability, and if sufficient funds exist, MEMA will issue an approval to the LEPC for the course cost. Once the course is completed and the following documentation is submitted: course invoice, roster, scores and student evaluations to MEMA by the LEPC the LEPC will be issued a check for those students who successfully completed the course and or attended a significant part of the course.
____ **No** Please complete section B.
10. **The State Emergency Response Commission grants training funds only to those municipalities that are NIM's compliant. By signing here, I stipulate that my municipality/agency is NIM's compliant.**
11. Signature of Authorized Requesting Organization Representative: _____ Date: _____
12. I attest that, to the best of my knowledge, my company, this program, and all trainers teaching in this program, approved by the SERC Training Committee within this calendar year and are on the SERC Training Committee's list of pre-approved vendors and courses.
Signature of Trainer/ Authorized Training Company Representative: _____ Date: _____
13. This request has been reviewed and approved by an authorized LEPC representative, and is being forwarded to the SERC for course and funding approval. It is the understanding of the LEPC, and the requesting Agency/Organization that SERC will forward the funding for the course to the LEPC within a reasonable period after the course is completed and appropriate paperwork is submitted. In the event that funds are not available, MEMA staff shall so notify the LEPC who will in turn advise all other interested parties.
Signature of Authorized LEPC Representative: _____ Date: _____

SECTION B:

This section contains a list of supplemental material that needs to be provided to the SERC Training Committee by the trainer or training company that will conduct the course. The SERC Training Committee will review this material and then forward the application package to the full SERC with a recommendation for action. All material needs to be sent by the LEPC to the SERC Training Committee at least 10 working days prior to their regularly scheduled meeting in order to be considered at that meeting. **It is recommended that applicants for Technician Level or "other" Courses attend the Training Committee meeting to provide information which will expedite the approval process.**

Required vendor materials needed in order to complete processing of the application include:

1. TRAINERS' BACKGROUND(S) AND QUALIFICATIONS - enclose copies of instructor(s) resume(s)
2. PROGRAM OBJECTIVES- Name the specific behaviors you expect the participant to be able to demonstrate at the completion of this course, workshop or seminar (e.g., after this workshop on Time Management, participants will be able to identify their own personal time-wasters).
- 3) OUTLINE - A brief outline of the major points of the subject and the organizational structure in which they are to be presented (e.g., sequenced and separated into modules).
- 4) MODULE OBJECTIVES - For each module of instruction, list a behavioral objective which describes the specific behavior you expect the participant to be able to demonstrate at the end of the module (e.g., at the end of module #2, participants shall be able to demonstrate progressive relaxation techniques).
- 5) METHODS - List the various instructional techniques you will use (e.g., lecture, discussion, individual instruction, media, etc...).
- 6) MATERIALS - What materials will you use? (Films, transparencies, tapes, slides, video(s), handouts, etc ...). Please note: Trainers are responsible for 'providing all materials and should plan to provide for these costs in amount requested.
- 7) TRAINING PROPOSAL FINANCIAL WORKSHEET - Please complete this worksheet as a part of your training request. Costs should be calculated using either Part A or Part B. It is important to identify if the total cost is for the course of per pupil. If it is per pupil, payment is to be made only for those completing the training course.

Part A - Flat cost per student (See Line 8 for list of SERC reimbursement levels)

_____ Students @ \$ _____ per Student Total _____

Part B - Cost per course

<u>Fixed Cost:</u> Instructor Fee:	<u>Varying Cost:</u> Student Manual	_____
Per Course	Disposable Materials	_____
Per Hour	Handouts	_____
Instructional Materials	Supplies	_____
Room Rental	Mileage	_____
A/V Equipment Rental		
Other (identify)		
Subtotal	Subtotal	_____
Course Total _____		

- 8) I attest that the statements and materials contained in this application from myself and my company are correct to the best of my knowledge and belief.

Signature of Trainer or Authorized Training Company Representative: _____ Date: _____